

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>TH</i>	<i>70622</i>	<i>11-17-98</i>
O.I.P.E. CLASSIFIER	<i>15</i>	<i>537</i>	<i>9/11/98</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>13</i>	<i>9/17/98</i>
		<i>71531</i>	<i>9.28.98</i>

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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09/148,723

BB for 12/6/02

Claim		Date		Status	
Final	Original				
1	1				
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Claim		Date		Status	
Final	Original				
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Claim		Date		Status	
Final	Original				
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BEST AVAILABLE COPY

If more than 150 claims or 9 actions staple additional sheet here